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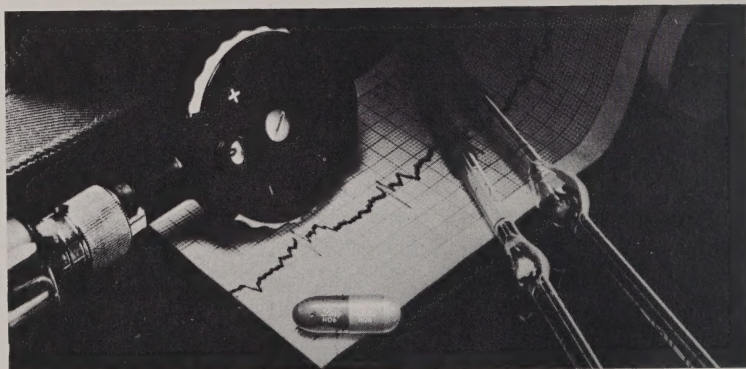
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EDITORIAL

THE "HEALTH TEAM" APPROACH

That there is now and will continue to be a critical shortage of health manpower, especially physicians, is one of the most pressing problems facing society today. Now that good health has been assumed to be a *right* of all and the ever increasing populace has become so affluently sophisticated as to demand the best available on all socioeconomic levels everywhere, the problem of fulfilling this American dream becomes overwhelmingly complex.

BREAK UP THE JOB

One approach espoused for solving this dilemma of health manpower shortage is through the recruitment, training, and utilization of large numbers of paramedical personnel who can provide services supporting and supplementing those rendered by the physician. The theory behind this approach is to analyze the content of health service jobs with an eye to insuring that the time and effort of the skilled worker is not wasted on routine and traditional tasks. It is claimed by some that "the health industry is top heavy with people who have educations they don't need to do what they are doing." Instead, these tasks should be so broken down that those with lower skills, who are not in short supply can take over the less complicated chores and thereby free the more and better trained for prime technical tasks.

THEORY v.s. FRUITION

Theory is one thing; fruition is another. The government is literally pouring money into all sorts of programs intended to train not only a great variety but also a greater number of health workers. The private and voluntary sectors are also engaged in experimentations of various sorts. And yet, we hear from a recent national conference on health manpower that there exist in today's youth

and student population generally unfavorable attitudes toward careers in paramedical fields and even in the lower echelons of the medical profession. There seems to be a lack of incentives in terms of career satisfaction, career fulfillment, and adequate fiscal compensation—in other words, too little intellectual, status, and financial rewards.

If barriers to effective recruitment, development, and utilization of health care personnel are to be overcome, attention must be given to career satisfaction, career fulfillment, and adequate financial compensation. There must be opportunity for intellectual reward, for continuing education, and for voluntary transfer from obsolete to newly developed health careers. There should be the chance for talented and energetic individuals to go up the ladder within the health manpower system. Some would even add that there should be manifested more of the “team approach” philosophy and less of the “master of the ship” type by vested interest groups within the various health professions.

THE “HEALTH TEAM”

The principle that the physician, although the most important part, is no more than one part of the total system that sustains the people's health is not being challenged to any serious extent today. However, the exact nature of the various other parts which constitute the so-called “health team” has yet to evolve. It must be realized that growing specialization with resultant increasing interdependence amongst specialists on various levels requires some kind of organization. The term “health team” is only generic, and a great number of more or less temporary “ad hoc” teams, each designed for a specific purpose, will have to be created. In any case, the “health team” must be equally responsive to the needs of patients, to advances in medical knowledge, and to the ever changing characteristics of today's society. Moreover, whatever organizational pattern is developed should seek to utilize fully the capabilities of the physician and all other trained health personnel so as to relieve them of duties not commensurate with their training.

There are a number of problems looming as this concept of a “health team” approach to the rendering of health services evolves. First, who will develop and define this “health team” or some similar organizational mechanism? Who will assess, set, and approve standards for quality and how will they be enforced? Traditionally, the physician has been basically responsible for patient care. How much is this responsibility going to be shared by the allied paramedical groups, by those who operate health care facilities, by fiscal third parties, and by the government. What about the patient-physician relationship? Is it just a “mysticism” and unrelated to the therapeutic situation in the light of modern medical knowledge? Finally, how will the costs of such an approach affect the quality of the health care rendered? Undoubtedly, there will be pressures for cost controls buttressed with statistics on some sort of norms and with a tendency to ignore individual needs.

Although we physicians are frequently accused of operating narrowly from our own allegedly restricted base of expertise with little attention to social needs and economic pressures, it must be we who are ever alert to and actively opposed to the cost of human misery inherent in a system of mass produced, depersonalized, and compromised health care for the individual.

AYRES

COVER: Surgical Technicians in training at the Springfield Technical Community College preparing a table set-up for surgery.



The Development of an EDUCATIONAL PROGRAM for HEALTH OCCUPATIONS

at the

SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

by **Teresina B. Thompson, B.S., M.S.**
Dean of Faculty and Studies

The story of health occupations' education at the Springfield Technical Community College is a very humble one compared to the newest developmental planning now evolving as a result of the available state and federal funding for long term scientific study and research. However, plans for any kind of developmental projects have to start with basic needs and ideas.

The realm of the unknown must be explored with imaginary ideas that might as well be woven into a pattern of dreams for the future. Naturally, the weavers of dreams have to be very special kinds of persons, visionary and determined to see ideas evolve from the imaginary to the real.

THE ROOTS

Previously housed in separate and inadequate buildings, both the girls' and boys' Trade Schools in Springfield were moved into a new building in 1941. Many people looked with disfavor on this transfer of learning of occupational skills to a modern facility. It was called the "White Elephant" of Springfield, or Mayor Putnam's "Foley."

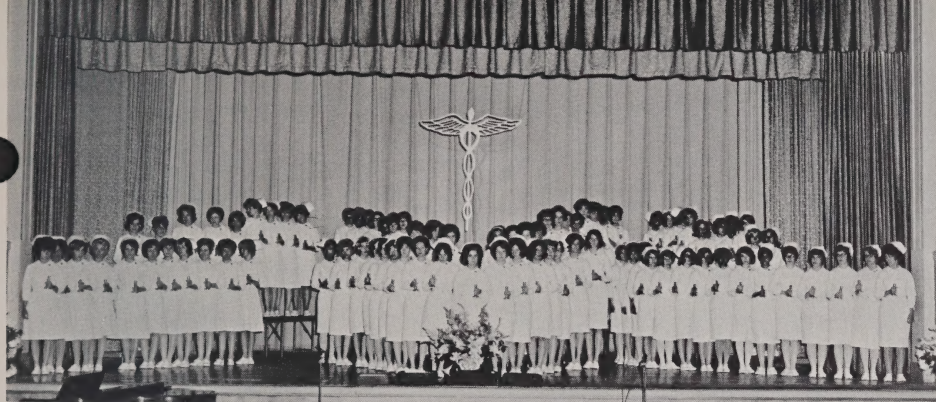
Tragically, the rumbles of World War II were not far away. The challenge of a war-time economy was soon to be faced. Trainees with special skills were in immediate demand. Responding to this emergency, the school soon became a 24 hour a day, 7 day a week training complex, training for

military personnel, arsenals, and other peace time industries required to convert to the needs of war.

War production-Airborne Engineering, Signal Corps, Ordnance-trainees alone totaled approximately 8000, not counting the other thousands of men and women trained in short-unit courses to meet the needs of the total war effort.

What does this all have to do with health occupations? All this is mentioned because here was the beginning of the first "variable" in education at the Springfield Trade High School. If this adaptation of knowledge and skills could be made for the need of the war effort, why could this technique not be directed toward another great need—the health of our nation? The involvement of many people with the total educational process during the war brought an awareness of growth patterns via the media of vocational education.

Thus, in 1945, began new directional planning for health education. Members of the Valley District Dental Society called the school about the possibility of starting an evening program for young women already employed in dental offices. Several meetings were held with the dentists to determine course needs. Subject areas requested were personality development, receptionist techniques, business procedures and public relations. Following a careful study and evaluation of two successful evening programs, a formal request for implementation of a one year post-



Graduation at the Springfield Technical Institute

graduate Dental Assisting course was forwarded to the Superintendent of Schools and the Springfield School Committee in 1947. Dentists were fully convinced that specialized training in knowledge and skills for use in the dental office would not only assist but relieve the dentist of many non-professional duties, increase office efficiency and allow more time for the increasing demand of his own professional skills.

The first class graduated in 1948 and numbered 15. The launching of the Dental Assisting program was the school's first contribution to the community need for supportive workers on the health team. The result was excellent placement and further inquiries for supplementary programs.

A request for training Medical Assistants was received in 1949 from the Springfield Academy of Medicine. Physicians had seen our girls-in-white in dental offices and asked: "Why can't this be done for the medical office?" A similar pattern of planning evolved, but the curriculum committee soon found that satisfying the special needs and diversification of duties for the physician's office was almost impossible. Some wanted emphasis on office skills; others, stenographers, etc. Finally, a realistic approach was agreed upon for a basic one year program that would prepare the Medical Assistant to

bridge the gap between the doctor and the person needed to assist with better patient care and more efficient use of the doctor's professional skills.

September, 1949, saw the beginning of the first program for Medical Assistants with a graduating class of 15 in June 1950.

GROWTH

Constant review of medical and scientific progress, of the ever-expanding needs of health care, and of the growth of health care facilities, had kept the school's personnel and Medical Advisory Committee alert to changing patterns of learning.

Additions, deletions, constant revision and an accurate pulse-taking of needs is a must for this program if it is to serve as a meaningful source for our physicians and other community health agencies.

Launched in 1950 was a Practical Nursing class. Specialists in nursing arts, nursing education, medicine and administration met frequently with school personnel to develop a program that would meet all the requirements set up by the Massachusetts Board of Registration in Nursing. Classrooms were renovated; equipment ordered on a very limited budget; students recruited; and the opening date given much fanfare and publicity. But this program was not destined for smooth sailing. Too many



Physical Therapy Assistants being demonstrated the use of the Hubbard tank.

fingers in the pie! The School failed to meet one of the most important equipment needs required for approval. The scheduled opening date was denied. Why? Left off the equipment purchase list was the proud and mighty *bed pan hopper*! The program could not receive approval to start without it. Unfortunately, no money was left in the budget. Students were notified of the opening delay and then began the art of begging. Imagine the academic approach to justification data seeking funds for a *b.p.h.*! However, expertise was developed rapidly. The Henry Dexter Funds, a charitable organization giving yearly grants to worthy projects, supplied the school with the missing link, a donation for the purchase of the *b.p.h.* Following a 2 month delay this program started in 1950. Eleven students graduated from the first L.P.N. program in 1951 and were quickly and eagerly absorbed as desirable members to augment the hospital health team.

Initiation of the Surgical Technician program was in cooperation with two

local hospitals where on-the-job apprentice type of training was given by the Mercy and Providence Hospitals. Recognizing the need for expanded services and the changing role of the professional nurse, it was deemed advisable to discuss further implementation of this training. Correlation of theory and practice, using both school and hospital as cooperative training agencies, would produce Surgical Technicians particularly trained to serve under the direct supervision of both doctors and professional nurses.

In January, 1961, 10 post-graduate Medical Assistants were selected from the "Core Program," for specialization and advanced studies in this phase of Operating Room Assistants. Everybody concerned had misgivings as to the continuity of placement for ensuing graduates of this program. However, each year the request for trainees has exceeded the supply.

In June of 1960, attention was called to the shortage of adequately trained hospital laboratory personnel at the city, state and national levels. Local pathologists, medical technologists

NEXT MEETING
OF THE
HAMPDEN DISTRICT MEDICAL
SOCIETY



TIME: TUESDAY, DECEMBER 3, 1968
Business Meeting at 6:30 P.M. followed by
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PLACE: WYCKOFF COUNTRY CLUB
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and Dangerous Drugs.
2. Lawrence D. Gaughan, Administrator
of the Mass. Drug Addiction
Rehabilitation Board.

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Bruce B. Stoler MD

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*If you must cancel your dinner reservation, please call the office
before noon on December 3, 1968.

and other representative hospital personnel requested that a meeting be held to discuss the feasibility of starting a school-centered training program for Medical Laboratory Assistants. Resultant was a careful study of local needs, curriculum planning and required facilities. With the school operating at peak capacity, it was necessary to seek space elsewhere.

Use of the first floor, East Wing, of Springfield Municipal Hospital was requested and granted by the hospital's Board of Trustees. This again was another tribute to our professional community, joining hands once again to promote educationally sponsored programs that would have an impact on the health and welfare of our people. It was also felt that the placement of the Medical Laboratory Assistant program in a hospital atmosphere would prove helpful in providing enrichment to the clinical experience. With training facilities assured, a pilot study was made and the first group of students selected for training began in September 1962. Twelve graduates completed this one-year program in June, 1963. After undergoing certain revisions, this program is now accredited by the AMA, APTA and ASCP.

In 1964, another request for training supportive workers in the rapidly growing health field was received. This time, the focus was upon the existing shortage of trained personnel for physical therapy departments. It was felt that one way to help meet this challenge would be to offer pre-service programs in hospitals or nursing homes under the supervision of the registered physiotherapist. Following a period of cooperative planning and organization, a pilot study program was started in November 1964, for the purpose of training Physical Therapist Assistants. The curriculum guide was developed under close

scrutiny and guidance of leading educators, Registered physiotherapists employed in our community hospitals, curriculum specialists and representatives of hospitals, consulting physiatrists and orthopedic surgeons. It was unanimously agreed that the use of pretrained Physical Therapy Assistants would be a means of further supplementing physiotherapist services beyond present use and would economize on the time of professionally skilled personnel.

In 1965, 7 students graduated from the first pilot study program for Physical Therapy Assistants. The growth of this particular program is entirely dependent upon the availability of registered physiotherapists. Our school required that placement of its Physical Therapy Assistant graduates be made solely in health agencies where assigned duties were carried out under the supervision of a registered physiotherapist. Here again, it is strongly felt that an educationally centered program can develop in its students an appreciation for sound ethical and professional leadership. And, with hospitals and other clinical health agencies now employing six different groups of our trained supportive workers on the health team, the professional community was increasingly made aware of the source potential for educational growth of health technologies.

Not surprising was the next request for training in one of the newer and most emergent specialties. In November, 1965, professional staff members of the Mercy Hospital and the Springfield Technical Institute first met to discuss initial planning for training Inhalation Therapy Technicians. Dr. Cummings, the hospital anesthesiologist, had observed several of our various student externees during their period of supervised learning experience in the assigned departments of the hospital. Noting the success of



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each program and practical utilization of knowledge and skills, a similar application of cooperative planning was requested for the Inhalation Therapy Department.

A review of existing guidelines from the American Association of Inhalation Therapists was studied and the Curriculum Committee developed a proposed curriculum guide, including didactic teaching and laboratory experience to be submitted for approval and certification by the professional groups involved. Approval factors are currently involved with this program.

Important to note is that, here again, the outgrowth of this program can be structured from the "core curriculum" for Medical Assistants. During the second semester, emphasis is placed on the advanced studies and technical skills that are taught in the hospital by qualified professional personnel. As facilities and professional personnel are made available, it is anticipated that this program will also expand. New concepts for adaptation to teaching methods and technical skills are now under consideration and study by school and professional experts.

Contribution to the job market for health services made by the Springfield Trade School and the Springfield Technical Institute totaled 1,288 trained graduates up to 1966. Perhaps not a startling figure, and maybe just

a drop in the bucket so far as contributing to the total health needs of the nation, but the significant factor is that there has long been a cognizance of the need and something has been done about it with the forward thinking and planning of a community alert to the advantages of cooperative school and hospital, planning, as well as active participation.

SPRINGFIELD TECHNICAL COLLEGE

In 1967, with the transfer of a 55 acre site of the Springfield Arsenal by the U.S. Dept. of Defense to the Commonwealth of Mass. as a campus for a technical community college, what began at the Springfield Trade School and evolved at the Springfield Technical Institute has culminated into a large segment of the educational program at the Springfield Technical Community College. The latter now offers the degree of Associate in Science (AS) to those students who successfully complete at least 60 hours of work with a quality point average of 2.0 in the following courses:

Bio-Medical Instrumentation
Technology
Inhalation Therapy
Mental Health Technician
Physical Therapy Assistant
Secretarial Science—Medical

In addition, the College awards a



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During this transition, the STCC left a legacy to the Springfield Trade School—its L.P.N. training program. This program was not just dropped as a deserted child on the doorstep of the Trade School, for the STCC's faculty still staffs the program until the Trade School's own faculty can take over.

New patterns of training continue to be woven as the College strives to develop new training systems. Advisory committees, consisting of outstanding representatives from business, industry, dental and medical professions, and the hospital team, all meeting periodically with administration and staff to consult on problems of course standards, curriculum, in-

structional method, lectures to students, equipment selection, and placement. Their counsel and guidance is invaluable in keeping the programs attuned to the medical needs of society. Already the following Associate Degree programs are on the drawing boards for implementation in 1969 or 1970:

- Child Care and Guidance Assistant
- Food Science Technology
- Dental Hygienist
- Dental Laboratory Assistant
- Nursing (RN).

The insatiable demand for technical personnel trained in the broad spectrum of health supportive services is recognized as one of the nation's most emerging needs. The Springfield Technical Community College recognizes this and accepts as a major responsibility the development of health technology programs to alleviate existing personnel shortages in the health field.

CAREERS IN HEALTH

The growing importance of paramedical personnel in medical practice has opened up new and exciting careers in the health field for interested people of all ages. Never before have these "physicians' assistants" assumed the importance that is now theirs, largely due to the tremendous advances in medicine requiring well trained personnel in the allied fields of health, but also because of the increasing demands for health care and the necessity for well trained individuals to carry out certain functions previously reserved to physicians.

Recruitment for the increasing needs of the allied professions has been admirably carried out by the Woman's Auxiliary at the national, state, and district levels, but we are especially indebted to our own WAHDMS, through whose efforts we are provided locally with much needed paramedical personnel. Their Health Careers Committee has made notable contributions in circulating informative materials providing programs for Future Nurses Clubs, and especially in keeping high school vocational counselors informed. The AMA has published, and they have distributed a valuable booklet "Horizons Unlimited." In its 134 pages is a wealth of information on various health careers, and it is available without cost to interested persons.

Films and printed materials have also been employed by the Health Careers Committee.

In our state, the Woman's Auxiliary to the MMS set about last year to publish a much needed directory of educational facilities for various training programs in health careers. Each district society studied the available facilities in its own area, and the directory represented a compilation of the findings of the various district societies. In Hampden District, the Health Careers Committee carried out a survey on facilities in our own District, and it is from this report that the *Hippocrat* draws freely for information.

Training programs are available for individuals of various age levels, academic backgrounds, varying levels of formal education, and for both sexes.

REGISTERED NURSES

There are a number of excellent training schools in the District for those interested in becoming Registered Nurses. These three year courses are available at the Holyoke Hospital School of Nursing, The Mercy Hospital School of Nursing, The Providence Hospital School of Nursing, and The Springfield Hospital School of Nursing. The Springfield Hospital indicates that male as well as female applicants are eligible. The

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NURSE ANESTHETISTS

The Mercy Hospital in conjunction with the Providence Hospital offers an 18 month course for Registered Nurses leading to certification as a Nurse Anesthetist. The only one of its kind in the area, the course is fully accredited by the American Association of Nurse Anesthetists.

PRACTICAL NURSES

Male and female applicants for Practical Nursing are accepted for training at the Belchertown State School of Belchertown, Mary Lane Hospital of Ware, Western Mass. Hospital of Westfield, and Northampton State Hospital of Northampton. Other courses in Practical Nursing are available at the Holyoke Trade High School and the Springfield Trade High School.

NURSES AIDES

Short courses of 4 to 6 weeks' duration are offered by several hospitals and schools for those interested in becoming Nurses Aides. These courses are available at the Holyoke Hospital, the Holyoke Trade High School, the Mercy Hospital, the Noble Hospital, the Springfield Hospital, the Springfield Municipal Hospital, the Wesson Memorial Hospital, and the Wing Memorial Hospital.

PREMEDICAL TECHNOLOGY

This 2 year course in Premedical Technology is given at Bay Path Junior College.

MEDICAL TECHNOLOGY

Several colleges give three year courses in Medical Technology with the fourth year to be spent at an ap-

proved hospital school of medical technology. In the District, these courses are available at American International College, College of Our Lady of the Elms, and Springfield College. The fourth year of these courses for those who have completed these 3 year college courses are available at the Mercy Hospital School of Medical Technology and the Springfield Hospital School of Medical Technology.

RADIOLOGIC TECHNOLOGISTS

Training schools for Radiologic Technologists in the District include Mercy Hospital School of Radiologic Technology, Providence Hospital School of Radiologic Technology, Springfield Hospital School of Radiologic Technology, and Wesson Memorial School of X-Ray Technology.

OTHER

Medical Secretarial courses are given at Bay Path Junior College, Holyoke Community College, and The Springfield Technical Community College. Dental Assistants are trained at Springfield Technical Community College. Inhalation Therapists are trained at Springfield Technical Community College. Medical Assistants are trained at Springfield Technical Community College. Medical Laboratory Assistants are trained at Springfield Technical Community College. Physical Therapy Assistants are trained at Springfield Technical Community College. Surgical Technicians are trained at Springfield Technical Community College.

These courses provide a variety of careers for those interested in the allied health fields. Detailed information concerning entrance requirements, the nature of the courses, and the costs are readily obtainable from the institutions concerned.

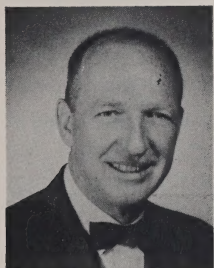
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THE NEXT MEETING OF THE SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, DECEMBER 10, 1968 at 8:30 P.M.



SPEAKER: CLAYTON L. THOMAS, M.D.
United States Olympic Committee

TOPIC: "EFFECT OF VIGOROUS
ATHLETIC ACTIVITY
ON WOMEN"

PLACE: Auditorium, Municipal Hospital,
Springfield

CLINIC: The Springfield Hospital, 5:00 P.M.

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HDMS MEETING, DECEMBER 3

HDMS EXECUTIVE COMMITTEE MEETING, DECEMBER 17 and
JANUARY 21, 1969

MMS COUNCIL MEETING, BOSTON, FEBRUARY 12, 1969

AMA NATIONAL CONFERENCE ON COMMUNITY HEALTH
PLANNING, MIAMI BEACH, NOVEMBER 30.

NATIONAL FEDERATION OF CATHOLIC PHYSICIANS' GUILDS,
MIAMI BEACH, NOVEMBER 29-30

AMA CLINICAL MEETING, MIAMI BEACH, DECEMBER 1-4

AMERICAN MEDICAL WOMEN'S ASSOCIATION, BOSTON,
DECEMBER 4-7

AMERICAN ACADEMY OF DERMATOLOGY, CHICAGO,
DECEMBER 7-12

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MMS COUNCIL MEETING

HIGHLIGHTS

The stated meeting of the Council of the Massachusetts Medical Society was held in Boston on October 9, 1968. Representing Hampden District were the following Councilors: John C. Ayres, Wayne C. Barnes, Maurice J. Boivin, John F. Brennan, Elmer F. Franseen, Alan S. Johnson, Joseph R. Kelly, Robert N. LaMarche, Frank G. Mills, Theodore R. Miner, Terry D. Ryan, Howard N. Simpson, Karel J. Susat, and H. Bernard Tillman. The meeting was called to order by the President, Dr. John W. Norcross, at 10:15 A.M.

Obituaries of Councilors were read; there were none from Hampden. Several interim committee appointments were announced.

MEMBERS' INSURANCE

Several purely informational committee reports that required no action were accepted. These included reports from the Executive Committee, Committee on Arrangements, Committee on Hospital and Professional Relations, Medical Charges Review Committee, and Members' Insurance Programs. Of interest in the report of the latter committee are comments by Dr. Alexander A. Levi, Chairman. He noted that premiums on Blue Cross-Blue Shield will be increased because of increased benefits. However, he noted that even without these increased benefits, premiums would have had to be increased by about 10 per cent because of increased hospital costs. Furthermore, the change to payment of 95 per cent usual and customary fees would also entail in-

creased costs. In a supplementary report, he announced that Blue Cross-Blue Shield has agreed to an increase in the extended benefit aggregate liability to \$35,000 per covered person from the present \$25,000. The increase becomes effective December 1, 1968 in the Master Medical and individual Medex coverages of the Physicians' Group Plan.

SURGICAL AFTERCARE

The Committee on Medical Service recommended disapproval of a Norfolk South resolution to rescind a previously passed Council resolution. On October 13, 1965, the Council had passed a resolution which opposed the delegation of the responsibility for surgical after-care in those hospitals where the operating surgeon is in daily attendance; furthermore, the Council requested the Blue Shield to discontinue the practice of deducting from the surgical fee for surgical after-care in these circumstances. Medical after-care that may be required as part of the post-operative care was not concerned in this resolution. The Norfolk South resolution would have rescinded this action of the Council, and it was this resolution of Norfolk South that the Committee disapproved. The Executive Committee agreed that the resolution should be disapproved. There ensued very extensive discussion, in which some members argued that the general practitioner should be paid for post-operative care, and other members argued that the post-operative care should be the sole responsibility

of the operating surgeon. Finally, Dr. Lewis S. Pilcher proposed an amendment to the resolution which would refer the entire matter back to the proper committee for a more equitable solution after a full discussion in open hearings open to all members of the MMS. This amendment was passed by the close vote of 97 to 90. Since the Council resolution of 1965 was not rescinded, it still stands for the time being.

STATUTE REVISIONS

Reconvening after lunch, the Council, considered the report of the Reference Committee on the Proposed Revision of the Statutes. The latter, after having met with the officers of the Society, the Chairman of the Long Range Planning Committee, the Society's legal counsel, and interested Fellows of the Society on October 2, 1968, presented its proposed revisions

of the statutes governing the MMS (see *MMS Newsletter*, Vol. XIII, No. 4, June, 1968)

There was considerable urging not to move too precipitously and discussion relative to a variety of small changes in the proposed revisions; however, all were voted down and the revisions as originally submitted by the Reference Committee were accepted. With an eye to introducing the revisions to the General Court of Mass. at its upcoming 1969 session, the Council voted that a special meeting of the Fellows be called for November 6, 1968, to consider and vote on same.

BY-LAWS CHANGES

The Council approved four changes in its bylaws pertaining to deletion of all references to the Medical Defense Act, whose repeal was voted on May 20, 1968, upon recommendation

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of the Committee on Professional Liability. Another bylaw change which was approved requires senior fellows to notify the Treasurer when they become eligible for such status and same will be effected routinely by the Secretary. Each district society has the right to determine its own policy of assessing senior fellows.

RATE SETTING COMMISSION

The report of the Committee on State and National Legislation was received as informational. However, concern was expressed over the establishment of a Rate Setting Commission by the Commonwealth, "which shall have the sole responsibility for establishing fair and reasonable rates of payment" to providers of medical services to the various units of the state government. Most of the concern centered on the composition of the Commission, some of whose members might prove to be biased against physicians and might have some conflicts of interest in carrying out their responsibilities.

BLUE SHIELD

The report of the Liaison Committee of Blue Shield was received as informational. It is now clear that the Blue Shield currently pays physicians for services rendered on a modified basis of usual and customary charges as calculated from each physician's individual charge profile, which was derived from Medicare B report forms submitted during 1967. Each physician is payed the *lower* of his actual charge, his average (profile)

charge, or the statewide limit. There are two statewide limits calculated for each service and procedure—one for general practitioners and one for specialists. The statewide limit is determined by adding one standard deviation to the average for each service and procedure reported by physicians.

Upon recommendation of the Committee to Recommend Directors of Blue Shield, the Council voted approval of Dr. E. Langdon Burwell of Falmouth to succeed the late Dr. John C. Corrigan of Fall River as a Director of Blue Shield. Moreover, the Council voted to approve Mr. Milton L. Glass, Assistant Treasurer of The Gillette Co., as a Director should Professor James J. Healey be dismissed from the Board for due cause.

The Committee on Prevailing Fees reported its intent to develop methods for documenting prevailing fees in Mass. and methods of making such information available to proper authorities. Besides Blue Shield information, the Committee intends to tap such other sources as CHAMPAS, the Industrial Accident Board, the Veterans Administration (Mass. and National), the Mass. General Hospital schedule, and various district and specialty society fee schedules.

MEMBERSHIP

The Committee on Membership reported on its vote that membership dues to the MMS for residents and interns are to be \$10.00 per year, that the reduction of dues for members on full-time teaching assignments or on

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fellowship are to be abolished, and that before a deprived member can be considered for reinstatement, his previous indebtedness to his district and the state society must be paid. The Council, furthermore, concurred with the Committee's recommendation that the dues for nonresident members be increased from \$7.00 to \$15.00 per year because of the increasing cost of a subscription to the N.E.J.M. and expenses incidental to processing of nonresident memberships.

MENTAL HEALTH

The Committee on Mental Health asked for and received approval on its "Statement of Policy Concerning Marijuana." Briefly, the statement propounds that marijuana is a dangerous drug, that manufacturers and "pushers" be criminally penalized, that youthful experimenters be treated leniently, and that chronic abusers be treated medically and psychiatrically, that a widespread educational program be initiated, and that further research in the problem be promoted. Likewise, a statement on alcoholism and the goals in treatment were approved. The latter proposes that alcoholism is a disease with wide ramifications and recommends that appropriate facilities be established both for the treatment of acute and chronic alcoholics. In the matter of temporary licensure of foreign medical graduates, the resolve that the latter should either move to full licensure or return to their own countries and that temporary licensure, when it extends beyond the initial years of

training, should be discontinued was referred to an appropriate committee for further study and report.

NEW BUSINESS

Since Memorial Day falls on the fourth Monday in May now and May 26, 1969, the customary date for the annual meeting of the Council falls on the said holiday, the Council voted to hold its annual meeting in 1969 on Wednesday, May 21, instead.

Under new business a resolve was introduced by the Middlesex South District to the effect that Dr. Jerome Pollock, the head of the Harvard Community Health Plan—a comprehensive, closed panel, prepaid health care program sponsored by the Harvard Medical School—be replaced on the State Rate Setting Commission by a physician representative because of conflict of interest. There was considerable discussion about the Harvard plan and the various effects of the resolution. The general conclusions were that the resolution would probably have little effect on the "fait accompli" and could result in unsympathetic and prejudiced deliberations by the body in its dealings with representatives of the MMS. Moreover, the resolution with its charge of "conflict of interest" would be better held in reserve for propitious use in an adverse situation. On essentially these grounds, the resolution was voted down.

Since there was no additional new business, the meeting was adjourned at 3:45 P.M.

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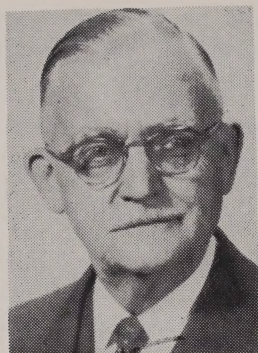
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TESTIMONIAL

to

Arthur Lyman Kinne, M. D.

Dr. Arthur Lyman Kinne, of Holyoke was honored with a testimonial dinner at Wyckoff Country Club on Saturday, October 5, in gratitude for his fifty years of dedicated service to the Holyoke Hospital and the greater Holyoke community. The affair was attended by 500 enthusiastic people. The master of ceremony was Dr. Sol Gold and the speakers included Mr. Wayne Alderman, President of the Holyoke Hospital, Judge Russell Davenport, representing the past presidents of the Hospital, Mr. Harold Pine, Administrator of the Hospital, Mr. Stuart Russell, Mr. James Prentice, and Dr. Samuel Potsubay, President of the Medical Staff. Among the many gifts Dr. Kinne received, was a beautiful scroll giving a resume of Dr. Kinne's history and accomplishments along with the feelings of gratitude of the whole community. Dr. Kinne was also presented with a travel certificate to be used to go "anywhere in the world."

Dr. Kinne graduated from Dartmouth College and Johns Hopkins Medical School in 1916. After interning at the Boston City Hospital and the Long Island Hospital, he began practicing in Holyoke in 1918 with his father Dr. George Kinne. He had been Chief of Staff at the Holyoke Hospital and is now an Honorary Director of the Hospital. During his career he had delivered over 6,000 babies—many of them third generation.

Dr. Kinne's remarks included sincere appreciation for the whole affair and surprise at the large turnout. Dr. Kinne then gave an interesting appraisal of medicine as it was practiced in the year 1918. As Dr. Kinne stated later, there were a few times when he had a lump in his throat, but our beloved cigar-smoking compatriot was his usual calm and composed self throughout the evening.

STEBBINS



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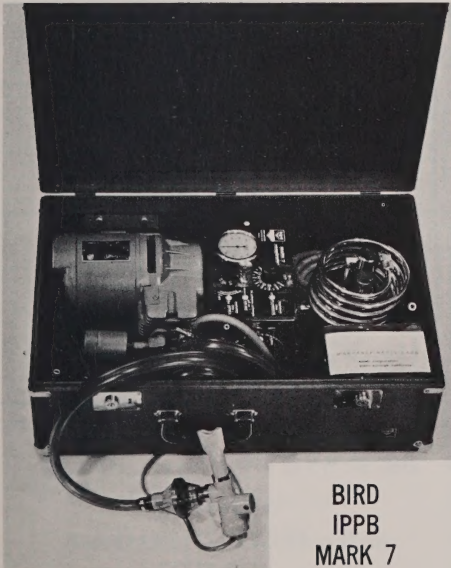
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IN MEMORIAM
JAMES B. BIGELOW, M.D.
1886-1968

Dr. James B. Bigelow of 54 Fairfield Avenue, Holyoke, died at the Providence Hospital on October 2, 1968.

Born in Holyoke on August 13, 1886, Dr. Bigelow attended local schools and received his doctorate in medicine from the Tufts Medical School in 1910. He interned at the St. Vincent's Hospital in New York City and returned to Holyoke in 1913 to engage in the general practice of medicine and surgery. From that time until his demise—some fifty-five years, he served his patients and his native community faithfully.

Dr. Bigelow served on the medical staffs of the Providence and Holyoke Hospitals for many years and was the Medical Examiner for the Third Hampden District for several years. He was a member of the American College of Surgeons, the A.M.A., the M.M.S., and the H.D.M.S., of which he was president in 1940-1941. During World War I, he served briefly in the U.S. Army Medical Corps.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

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HDMS AWARDS FIVE SCHOLARSHIPS

The Hampden District Medical Society announces the awarding of five scholarships totaling more than \$1,000. One of the five recipients was granted a Society award last year.

The five students were chosen from over 20 applicants. These students are enrolled in schools of medicine and nursing.

They are Normand F. Tremblay of 30 Los Angeles St., Springfield, in his third year at the University of Vermont College of Medicine in Burlington, Vermont; Robert J. Cavanaugh of 15 Florida St., Springfield, in his first year at Creighton University School of Medicine in Omaha, Nebraska; Paul L. McCarthy of 242 Pheland Ave., Springfield, a junior at Georgetown University School of Medicine in Washington, D.C.; Miss Diane Lessard of 545 Main St., Springfield, a freshman at Lowell State College, School of Nursing; Miss Mary R. Dugan of 77 Shady Brook Lane, Springfield, at the Providence Hospital, School of Nursing.

The scholarship fund is available to residents of the Hampden County (including Ware) who are entering the health professions.

This money represents the annual interest from a fund of \$22,969.01

which was given by the residents of the Western Massachusetts area at the time of polio immunization drive conducted by the Medical Society and the Department of Public Health of the Commonwealth of Massachusetts.

The Committee is comprised of Dr. B. Lincoln Wales, Jr., Chairman, Dr. Frederick S. Hopkins and Dr. George B. Corcoran, Jr.

Applications are accepted any time before September 1, and forms are available at the Medical Society's office at 1414 State St., Springfield.

These awards are based primarily on financial need in conjunction with reasonable assurance that the student has sufficient overall competence to complete his or her course of study to enter the practice of his or her own chosen health career.

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The Color In The Tour Of Historical Homes—L. to R.: Mr. Edward G. Burtram of West Springfield, driver of the fringed surrey; Mrs. Henry E. Zellerman of Boston, President of WAMMS; Mrs. Wayne C. Barnes, a hostess; Dr. Wayne C. Barnes, President of the HDMS; Miss Kitty Broman of TV Station WWLP; Mrs. Swadesh Sharme, Mrs. Arune Agarwal, and Mrs. Negider Singh with son Charngil—wives of three Indian resident physicians at the Springfield Hospital.

WAHDMS TOUR OF HISTORIC HOMES

Close to 400 persons attended a tour of historic homes in Longmeadow on October 8, 1968, as sponsored by the WAHDMS as part of a series of similar tours conducted throughout the Commonwealth by the various district auxiliaries.

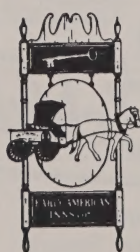
The following homes on Longmeadow Street exemplifying a variety

of historical architecture and lore were opened to the guests:

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throughout the tour guests were served tea and sandwiches at this historic landmark on the green.

Amongst the out-of-town guests who attended were: Mrs. Henry E. Zellerman, President of the WAMMS; Ralph Linneberger, Editor and Art Director of *MD's Wife*, a national publication; and Mrs. Frank Greene of Rushville, Indiana, a Contributing Editor to the same publication and her own state publication.

To say that the event was a smashing success is to put it mildly, with the AMA-ERF receiving the financial benefits derived from the tour.

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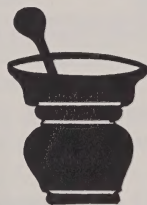
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SPEAKERS

Dr. Kendrew talked to students of the West Springfield High School for Mr. Czelusniak on "Alcoholism," "Smoking" and "Drug Abuse."

Dr. Ernst spoke at the Park Memorial Church on "Geriatrics."

Father Sullivan from St. Mary's Church has kept Drs. Zadworny and Riley busy talking to the teenagers on sex education and has used the Society's films. St. Mary's has generously contributed to our film fund and the hope is that the next film will be one about "Drug Abuse."

Dr. Warhaftig used the Society's films to speak to youth groups at a local church.

"Human Growth" shown at Chestnut Street Jr. High School and at Frederick Harris P.T.A.

Dr. H. H. Shuman spoke at the annual meeting of the Corporators of the Wesson Maternity Hospital on "A Special Care Unit for Newborns at the Wesson Maternity Hospital."

Dr. Walter Williams spoke at the American College of Obstetrics and Gynecology at Halifax, Nova Scotia.

Dr. H. Turner spoke on Radio WACE to start Community Health Week "For Your Information" against smoking.

Dr. Zadworny was chairman of an all day symposium of the Hampden County Chapter of the National Foundation at the American Motor Lodge in Sturbridge.

Dr. Polchlopek, President of the Western Chapter of the Massachusetts Heart Association, welcomed the nurses participating in the 8th Clinical Nursing Conference at the Highpoint Motor Inn in Chicopee.

Dr. Potsubay was the main speaker at the 8th Clinical Nursing Conference.

Dr. Zielinski spoke to the Western

Massachusetts' Police Association at the Westfield State College.

HOT FLASHES

Dr. Joan Brady is President of the Soroptimist Club of Springfield.

Dr. Hazel Richards is chairman of the year of the Longmeadow Women's Club.

Many Hampden physicians attended the symposium on "The Clinical Aspects of Diabetes Mellitus" presented by the Worcester District Medical Society at the Pleasant Valley Country Club in Sutton, Mass., on October 23, 1968.

Dr. Scola is credited for performing the first transplant in a patient treated on the artificial kidney by Dr. Francis Moore in his book "Give and Take."

The Hampden District Association of Medical Assistants will have Attorney John T. Quirk speak on legal aspects that a medical assistant should know.

Dr. Shayevitz addressed the medical assistants on "The Artificial Kidney and Its Uses."

Dr. Riley has been appointed the Medical Director of the Wesson Maternity's recently established comprehensive post-partum clinic.

Local surgeons inducted into the American College of Surgeons at Atlantic City—J. Robert Kiesel, Jr. of Holyoke and Ahmen F. Mouchantat of Springfield.

TRANSFERS

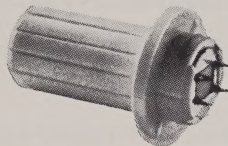
Dr. Kenneth G. Potee has transferred from the Worcester District to Hampden. Dr. Potee is on the staff at the Wing Memorial Hospital.

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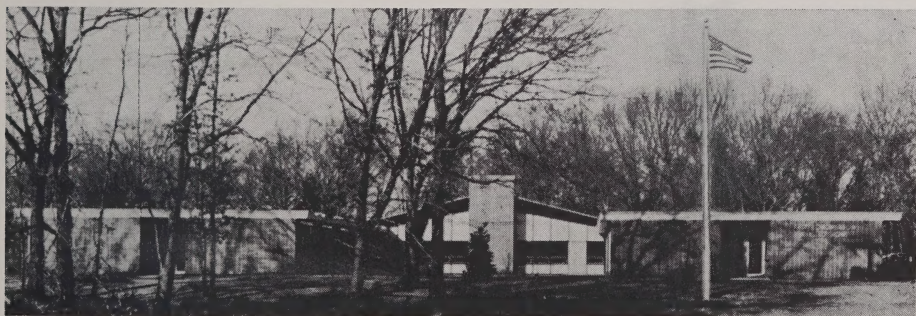
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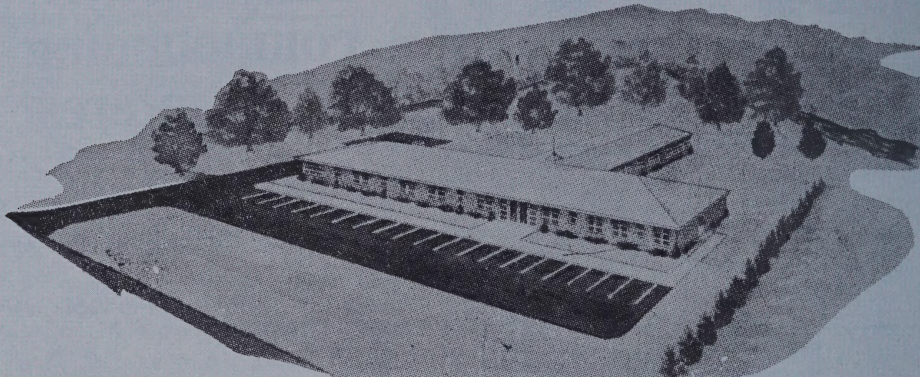
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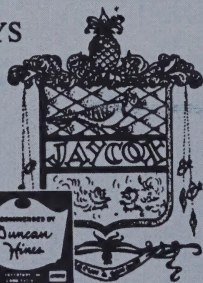
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